3<u>369W</u>

Wesley A. Bainter

PTO/SB/01 (03-01)
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DECLARATION FOR UTILITY OR

Attorney Docket Number

DESIGN PATENT APPLICATION (37 CFR 1.63)		Filiat Manted Invanted			
		COMPLETE IF KNOWN			
		Application Number	r		
(E)	•	Filing Date			
Submitted OR	Declaration Submitted after Initial	Group Art Unit	367	1	
with Initial	Filing (surcharge 37 CFR 1.16 (e))				
	equired)	Examiner Name			
As a below named inventor, I here	by declare that:				
My residence, mailing address, and		below next to my name.			
	ele inventor (if only one t	ame is listed below) or a	in original, first a	and joint invento	r (if blura)
names are listed below) of the subje	ct matter which is claime	d and for which a patent	is sought on the	invention entitle	7
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TRENCHER					
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	(Title of the	Invention)			
the specification of which	,				
x is attached hereto					
OR (
was filed on (MM/DD/YYYY)		as United Star	es Application N	iumber or PCT I	nternational
Was med on (wines as a 1 1 1 1)					
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Application Number	and was am	ended on (MM/DD/YYY	Y) (if applicable).		(if applicable).
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I hereby state that I have reviewed	and understand the cont	ents of the above identif	ed specification	, including the c	laims, as
amended by any amendment spec	mcally reterred to above.				
I acknowledge the duty to disclose	information which is mate	erial to patentability as d	efined in 37 CFI	R 1.56, including	for continuation-
in-part applications, material inform	Migas Decembe ava Continuation-in-part appli	cation.	date of the prior		
I hereby claim foreign priority bene or plant breeder's rights certificate	fits under 35 U.S.C. 119	(a)-(d) or (f), or 365(b)	of any foreign ar	optication(s) for	patent, inventor's
natent inventors or plant preeder	s ngnis cerulicate(s), or	any PCT international	application having	ig a filing date f	efore that of the
application on which priority is clair	ned.	Foreign Filing Date	Priority		opy Attached?
Prior Foreign Application Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO
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Additional foreign application	numbers are listed on a	supplemental priority da	a sheet PTO/SE	3/02B attached I	nereto:

[Page 1 of 2]

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Given Name

Inventor's

Signature

City

Residence: City

Mailing Address

Additional inventors are being named on the

(first and middle [* =nv])

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DECLARATION — Utility or Design Patent Application

Customer Number Correspondence address below OR | Direct all correspondence to: or Bar Code Label Robert O. Blinn Name PO Box 75144 Address ZIP 67275 KS Wichita State City Fax 316-729-5918 Telephone 316-773-3270 Country USA I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name Given Name Wesley Allen Bainter Bainter or Surname (first and middle [if any]) Inventor's Signature Country KS Hoxie Ştate Residence: City PO Box 705 Mailing Address ZIP 67740 USA KS Hoxie Country State A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR:

State

Family Name

or Surname

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supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		First Named Inventor	Wesley	A Bainter
		Title	Trenche	r
		Group Art Unit		
		Examiner Name		
		Attorney Docket Number 3369W		
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I hereby appoint:				
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as my/our attorney(s) or	the management of the	e application identifi	ed above, and to	transact all
as my/our attorney(s) or business in the United S	agent(s) to prosecute the	nark Office connecte	d therewith.	
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Firm or Individual Name	Robert O. Bl	inn		
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Country	USA			
Telephone	316-773-3270	Fax	316-729-5	5918
I am the: X Applicant/Invent	or.			
Assignee of rec	ord of the entire interest or 37 CFR 3.73(b) is enc	. See 37 CFR 3. 7 1. losed. (Form PTO/S	B/96).	
	SIGNATURE of App	olicant or Assignee o	f Record	
Name We	esley Allen Ba			
Signature	Jasley 1	Allen 1	Sound	
Date /2.	-3-03V			
NOTE: Signatures of all the Inve	ntors or assignees of record	of the entire interest or th	eir representative(s)	are required. Submit multiple
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